



BOARD OF HEALTH

Town of Marion

2 Spring Street

Marion, MA 02738

John B. Howard, MD, Chair

Edward P. Hoffer, MD, Vice Chair

Albin R. Johnson III, Clerk

Lori A. Desmarais, RN, BSN, Public Health Director

2023 APPLICATION FOR INSTALLER PERMIT

FEE: \$150.00 Annual Fee

EXPIRES: DECEMBER 31, 2023

In accordance with M.G.L. c.111, Section 31 and 310 CMR 15.019 (Title 5) the undersigned makes application to the Board of Health for permission to construct, alter, install, repair, or expansion of on-site sewage disposal systems in the Town of Marion.

All new-to-the Town installers must attach three licenses from area towns to this application.

Name of Applicant: _____

Business Name: _____

Address: _____

City, State, Zip Code: _____

Email Address: _____

Business #: _____ Cell #: _____

Hoisting License #: _____ Hoisting License grade: _____

Hoisting License expiration: _____

Copy of Hoisting Licenses ☐

Worker's Comp. Affidavit ☐

Certificate of Insurance ☐

If you are licensed to install Presby, Eljen or Geo Flows systems, please attach your certification i.e., copy of card.

Are you licensed in any other towns/cities? If yes, please state the towns: _____

Has your installer's permit ever been revoked or suspended in the Town of Marion or any other town and if yes, why: _____

I certify that the information I have provided above is true and accurate. I recognize that it is a violation of this permit to install any on-site system without a sewage disposal system construction permit. Furthermore, it is agreed that after the on-site system is completely installed a certificate of compliance must be signed within thirty (30) days. I also certify that I have obtained, read, and understand the Installer's Permit Renewal Requirement Form.

Date: _____ Signature of Applicant: _____

For Office Use Only

Fee: _____ Worker's Compensation: _____ Certificate of Insurance: _____ Installer's Certification (I/A System Only): _____

New Installers: _____ Test Date: _____ Score: _____